

SERFF Tracking Number:	AETN-126452835	State:	Arkansas
Filing Company:	Aetna Life Insurance Company	State Tracking Number:	44545
Company Tracking Number:	SP HL 10		
TOI:	H04 Health - Blanket Accident/Sickness	Sub-TOI:	H04.001 Student
Product Name:	Blanket Health		
Project Name/Number:	Spring Hill 10/Spring Hill 10		

## Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: Blanket Health

TOI: H04 Health - Blanket Accident/Sickness

Sub-TOI: H04.001 Student

Filing Type: Form

SERFF Tr Num: AETN-126452835 State: Arkansas

SERFF Status: Closed-Approved-Closed  
Closed

Co Tr Num: SP HL 10

Author: Gail Kuzyszyn

Date Submitted: 01/12/2010

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 01/14/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Spring Hill 10

Project Number: Spring Hill 10

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/14/2010

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Blanket

Explanation for Other Group Market Type:

State Status Changed: 01/14/2010

Created By: Gail Kuzyszyn

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Gail Kuzyszyn

Filing Description:

One case filing for Spring Hill College's extension of benefits.

## Company and Contact

### Filing Contact Information

Gail Kuzyszyn, Consultant

55 Lane Road

Mail Stop F083

Fairfield, NJ 07004

KuzyszynGK@aetna.com

973-244-3789 [Phone]

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### Filing Company Information

Aetna Life Insurance Company	CoCode: 60054	State of Domicile: Connecticut
151 Farmington Avenue	Group Code: 1	Company Type:
Hartford, CT 06156	Group Name:	State ID Number:
(860) 273-7546 ext. [Phone]	FEIN Number: 06-6033492	

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### Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$50.00	01/12/2010	33476984

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/14/2010	01/14/2010

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## Disposition

Disposition Date: 01/14/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Cover letter	Approved-Closed	Yes
<b>Form</b>	Policy Rider	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number: GR-96134 (474938) 94393**

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/14/2010	gr-96134 (474938) 94393	Policy/Cont Policy Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		47.900	Spring Hill form.pdf

## STUDENT ACCIDENT AND SICKNESS INSURANCE

### SECTION 4 - TERMINATION OF COVERAGE, EXTENSION OF BENEFITS, CONTINUATION

#### EXTENSION OF BENEFITS

If a **covered person** is confined to a **hospital** or under treatment for a covered condition on the date his or her coverage terminates; charges incurred during the continuation of that **hospital confinement** or for that treatment of the covered condition shall also be included in the term "Expense"; but only while they are incurred during the 31 day period following such termination of insurance.

If a **covered person** is unable to renew coverage due to a loss of eligibility due to his or her graduation; expenses incurred after the termination of insurance will be payable provided they commenced while insured; and resulted from a covered **accident** or **sickness**. However, no payment will be made under this provision beyond 52 weeks from the date of the **accident**; or the date of the first treatment of the **sickness**.

If on the expiration date, the **covered person** is under a **physician's** care for a condition covered by the policy; benefits will be extended for the condition for up to nine months after the expiration date.

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	01/14/2010
<b>Comments:</b>		
<b>Attachment:</b>		
Spring Hill read cert.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	01/14/2010
<b>Bypass Reason:</b> Not applicable.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Cover letter	Approved-Closed	01/14/2010
<b>Comments:</b>		
<b>Attachment:</b>		
Spring Hill College letter.pdf		





Stephen W. Halloran  
Product & Regulatory Approvals  
151 Farmington Ave., RW61  
Hartford, CT 06156  
(860) 273-9875  
Fax: (860) 952-2069

January 12, 2010

Mr. Joe Musgrove  
Life, A&H Division  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

Subject: **Aetna Life Insurance Company NAIC 60054**

Dear Mr. Musgrove:

This is to certify that the attached GR-96134 (474938) 94393 insert page has achieved a Flesch Reading Ease Score of 47.9 and complies with the requirements of Ark. Stat. Ann. Sections 66-3251 through 66-3258 cited as the Life and Disability Insurance Policy Language Simplification Act.

Sincerely,

A handwritten signature in cursive script that reads "Stephen W. Halloran".

Stephen W. Halloran  
Assistant Vice President



Gail Kuzyszyn  
55 Lane Road  
Fairfield, NJ 07974  
(973) 244-3789  
Fax Number: (973) 244-3746

January 12, 2010

Mr. Joe Musgrove  
Life, A&H Division  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Re: Aetna Inc.  
NAIC No: 60054  
Policyholder: Spring Hill College  
Form: Policy Rider GR-96134 (474938) 94393

Dear Mr. Musgrove:

Enclosed for your Department's review and approval, on a one-case basis is policy rider form GR-96134 (474938) 94393, which was developed for Spring Hill College. This form revises the policy's extension of benefits. It is a new form and does not replace any forms previously approved by your Department. It is for use with the GR-96134 form series, approved by the Department on February 11, 2003.

Also enclosed is a signed certificate of readability.

We hope that you will find the enclosed form satisfactory. Please feel free to contact me at the above number should you wish to discuss this filing further.

Sincerely,

Gail Kuzyszyn